

## Article - Health - General

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§19–207.

(a) In addition to the powers set forth elsewhere in this subtitle, the Commission may:

(1) Adopt rules and regulations to carry out the provisions of this subtitle;

(2) Create committees from among its members;

(3) Appoint advisory committees, which may include individuals and representatives of interested public or private organizations;

(4) Apply for and accept any funds, property, or services from any person or government agency;

(5) Make agreements with a grantor or payor of funds, property, or services, including an agreement to make any study, plan, demonstration, or project;

(6) Publish and give out any information that relates to the financial aspects of health care and is considered desirable in the public interest; and

(7) Subject to the limitations of this subtitle, exercise any other power that is reasonably necessary to carry out the purposes of this subtitle.

(b) In addition to the duties set forth elsewhere in this subtitle, the Commission shall:

(1) Adopt rules and regulations that relate to its meetings, minutes, and transactions;

(2) Keep minutes of each meeting;

(3) Prepare annually a budget proposal that includes the estimated income of the Commission and proposed expenses for its administration and operation;

(4) Within a reasonable time after the end of each facility's fiscal year or more often as the Commission determines, prepare from the information filed with

the Commission any summary, compilation, or other supplementary report that will advance the purposes of this subtitle;

(5) Periodically participate in or do analyses and studies that relate to:

- (i) Health care costs;
- (ii) The financial status of any facility; or
- (iii) Any other appropriate matter;

(6) On or before May 1 of each year, submit to the Governor, to the Secretary, and, subject to § 2–1257 of the State Government Article, to the General Assembly an annual report on the operations and activities of the Commission during the preceding fiscal year, including:

(i) A copy of each summary, compilation, and supplementary report required by this subtitle;

(ii) Budget information regarding the Health Services Cost Review Commission Fund, including:

1. Any balance remaining in the Fund at the end of the previous fiscal year; and

2. The percentage of the total annual costs of the Commission that is represented by the balance remaining in the Fund at the end of the previous fiscal year;

(iii) A summary of the Commission's role in hospital quality of care activities, including information about the status of any pay for performance initiatives;

(iv) An update on the status of the State's compliance with the provisions of the all-payer model contract that includes:

1. Performance in limiting inpatient and outpatient hospital per capita cost growth for all payers;

2. Annual progress toward achieving the State's financial targets established by the all-payer model contract;

3. A summary of the work conducted, recommendations made, including recommendations made by workgroups created to provide technical input and advice, and Commission action on activities related to the all-payer model contract;

4. Actions approved by the Commission to promote alternative methods of rate determination and payment of an experimental nature, as authorized under § 19–219(c)(2) of this subtitle;

5. Reports submitted to the federal Center for Medicare and Medicaid Innovation relating to the all-payer model contract;

6. Any known adverse consequences in implementing the all-payer model contract, as reported to the federal Center for Medicare and Medicaid Innovation, that may negatively impact quality of or access to care, and the actions taken by the Commission to mitigate the consequences; and

7. Annual progress made in the development of public and private partnerships between hospitals and other entities, including community-based physicians, community-based organizations, and other post-acute care providers, to achieve the population health goals established with the federal Center for Medicare and Medicaid Innovation; and

(v) Any other fact, suggestion, or policy recommendation that the Commission considers necessary;

(7) Oversee and administer the Maryland Trauma Physician Services Fund in conjunction with the Maryland Health Care Commission; and

(8) If the Centers for Medicare and Medicaid Services issues a warning notice related to a “triggering event” as described in the all-payer model contract, provide written notification to the Governor, the Secretary, and, subject to § 2–1257 of the State Government Article, the General Assembly within 15 days after the issuance of the notice.

(c) (1) The Commission shall set deadlines for the filing of reports required under this subtitle.

(2) The Commission may adopt rules or regulations that impose penalties for failure to file a report as required.

(3) The amount of any penalty under paragraph (2) of this subsection may not be included in the costs of a facility in regulating its rates.

(d) Except for privileged medical information, the Commission shall make:

(1) Each report filed and each summary, compilation, and report required under this subtitle available for public inspection at the office of the Commission during regular business hours; and

(2) Each summary, compilation, and report available to any agency on request.

(e) (1) The Commission may contract with a qualified, independent third party for any service necessary to carry out the powers and duties of the Commission.

(2) Unless permission is granted specifically by the Commission, a third party hired by the Commission may not release, publish, or otherwise use any information to which the third party has access under its contract.

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